Our Lady's Home
RQIA ID:1277
68 Ard-Na-Va Road
Fall's Road
Belfast
BT12 6FF

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Unannounced Medicines Management Inspection of Our Lady's Home

13 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 13 August 2015 from 10:00 to 16:30.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. However, areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

Our Lady's Home now has a single registration (RQIA ID: 1277). This registration comprises Units B, C, D2, D3 and the dementia unit. The dementia unit (previously RQIA ID 1864) was de-registered on 17 April 2015 to enable a merger of the registrations.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection of Our Lady's Home (RQIA ID: 1277) on 9 July 2013.

No requirements or recommendations were made at the last medicines management inspection of Our Lady's Home (RQIA ID: 1864) on 3 March 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	4

The details of the QIP within this report were discussed with Mrs Sharon Meenagh, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Diocese of Down and Connor Mr Paul Shevlin	**Registered Manager:** Mrs Sharon Meenagh (Acting Manager)
Person in Charge of the Home at the Time of Inspection: Mrs Sharon Meenagh (Acting Manager)	**Date Manager Registered:** Not applicable
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 86
Number of Patients Accommodated on Day of Inspection: 85	**Weekly Tariff at Time of Inspection:** £593 - £628

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspections and to determine if the following standards and themes have been met:

Standard 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

Theme 1: Medicines prescribed on a "when required" basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

In July 2015 RQIA received correspondence from the Health and Social Care Board and the Belfast Health and Social Care Trust expressing concerns regarding stock control issues for medicines within Our Lady's Home. There were concerns that medicine doses were being omitted because the medicines were not available in the home.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management it was agreed that the medicines management inspection which was scheduled to take place in October 2015 would be brought forward to 13 August 2015.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspectors reviewed the management of medication related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspectors met with Mrs Sharon Meenagh, Acting Manager, and four of the registered nurses on duty.

The following records were examined during the inspection:

- Medicines requested and received
- Personal medication records
- Medicines administration records
- Medicines disposed of or transferred
- Controlled drug record book
- Medicine audits
- Policies and procedures
- Care plans
- Treatment room and refrigerator temperature records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 15 July 2015. The draft report was issued on 24 July 2015. The care and finance inspectors confirmed that there were no issues to be followed up at this inspection.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 9 July 2013 (RQIA ID: 1277)

No requirements or recommendations were made at the last medicines management inspection of (RQIA ID: 1846) on 3 March 2015.

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	Review the management of those medicines which are self-administered.	**Not applicable**
	Action taken as confirmed during the inspection: Medicines were not being self-administered on the day of the inspection. This is the third medicines management inspection where this requirement has not been applicable; the requirement will not be carried forward.	

Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must investigate why controlled drug stock reconciliations were not completed in Unit D3 on 1 July 2013. The outcome of the investigation and action taken to prevent a recurrence must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: The investigation was completed and the outcome forwarded to RQIA. No omissions in the control drug stock reconciliations were observed at this inspection.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must review and revise the management of nutrition and medicines via the enteral route.	**Partially Met**
	Action taken as confirmed during the inspection: A policy for the management of medicines and nutrition via the enteral route was not in place. Written confirmation that all nursing staff, including agency and bank nurses, were trained and had been deemed competent to administer nutrition and medicines via the enteral route was not available. A file was in place which detailed the patient's daily feeding and medicine regimen. Details of how medicines were administered and the required flushes were recorded. The registered nurse confirmed that written authorisation had been obtained from the prescriber for all medicines which are administered via the enteral route. Records of equipment checks had not been maintained for the enteral feeding equipment in accordance with best practice. The daily fluid intake charts were incomplete and had not been totalled; hence written evidence that the required fluid intake had been achieved was not available. **This requirement has been restated.**	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements should be reconciled on each occasion when responsibility for safe custody is transferred in Unit B.	**Met**
	Action taken as confirmed during the inspection: Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements were being reconciled twice daily when responsibility for safe custody was transferred.	
Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The registered manager should confirm that nursing staff physically count the contents of the controlled drug cabinet at each shift change in accordance with the home's policy.	**Met**
	Action taken as confirmed during the inspection: The acting manager confirmed that nursing staff physically count the contents of the controlled drug cabinets at each shift change in accordance with the home's policy.	
Recommendation 3 **Ref:** Standard 38 **Stated:** First time	Obsolete warfarin facsimiles should be cancelled and archived.	**Partially Met**
	Action taken as confirmed during the inspection: Warfarin was not prescribed for any patients in the dementia unit. Obsolete warfarin facsimiles had been cancelled and archived in Unit B. Some obsolete facsimiles were on the medicine's file in Unit C and this was discussed for corrective action; this recommendation has not been restated.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The management of medicines was reviewed in the three largest units of the home (Units B and C and the dementia unit). All medicines were available for administration as prescribed on the day of the inspection. However, two medicines had been out of stock at the beginning of the current medication cycle on 3 August 2015; the acting manager had been informed by the staff on duty that all medicines were available. RQIA had also received confirmation that all medicines were available in the home for the commencement of the medication cycles on 6 July 2015 and 3 August 2015.

The medication ordering system was discussed in detail with the acting manager who confirmed that improvements had already being implemented and were ongoing. The acting manager advised that prescriptions were not received into the home before dispensing and that each of the five units liaised separately with approximately 25 health centres to order prescriptions and chase up missing prescriptions. This system was extremely labour intensive for registered nurses in the home, the health centres and the community pharmacy.

The majority of the audits which were carried out on several randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed. However, a significant number of medicines doses had been omitted in Unit B because the patients had been asleep. This issue had been raised at previous inspections.

The acting manager advised that arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. The admission process was reviewed for one recently admitted patient in Unit C. The registered nurse advised that she had contacted the prescriber in order to receive written confirmation of the current medication regime. Two nurses were in the process of verifying and signing the personal medication records.

Medicine records had been maintained in a mostly satisfactory manner. The registered nurses in the dementia unit were commended for the standard of maintenance of their records.

Satisfactory records for the administration of thickening agents and emollient preparations by care staff in the dementia unit were observed. Similar records had recently been implemented in Unit C but were not in place in Unit B.

Records showed that discontinued and expired medicines had been returned to a waste management company. Two nurses were involved in the disposal of medicines and both had signed the records of disposal. There was evidence that overstocks of currently prescribed medicines were sometimes being disposed of; the acting manager advised that this had already been highlighted and was being addressed.

Controlled drugs were being managed appropriately. The controlled drug record books and records of stock reconciliation checks of Schedule 2 and Schedule 3 controlled drugs were well-maintained. There was evidence that controlled drugs in Schedules 2, 3 and 4 (Part 1) were denatured prior to their disposal.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were currently being updated.

The acting manager advised that training on the management and administration of medicines had not been provided for registered nurses since 2012. Competency assessments had not been completed recently.

The acting manager confirmed that some registered nurses had attended training on the management of enteral feeding and syringe drivers provided by the trust. A training matrix was not in place for easy reference.

Care staff were responsible for the administration of thickening agents and emollient preparations; there was no recorded evidence that care staff had been trained and deemed competent to carry out these tasks.

Registered nurses in each unit were maintaining running stock balances for several medicines which were not contained within the blister pack system. The community pharmacy had also carried out quarterly audits; the findings had been discussed with staff for corrective action. The acting manager advised that she was currently training the unit sisters to carry out audits which she would then review. The management team had not completed an audit of medicines management in the home and hence areas of good practice which were evidenced in some units were not evidenced in others.

The acting manager advised that procedures were in place to report and learn from medicine related incidents that have occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection were discussed. The acting manager was reminded that all ongoing non-administrations of medicines must be reported to RQIA.

Is Care Compassionate? (Quality of Care)

There was evidence that registered nurses had requested alternative formulations to assist administration when patients have had difficulty swallowing tablets/capsules.

The records for a number of patients who were prescribed anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were examined. In the dementia unit care plans were in place and there was evidence that they were being reviewed. Records of prescribing and administration were in place. The reason for and outcome of administrations had been recorded in the daily care notes on most occasions. In Units B and C, the parameters of administration had been recorded on the personal medication records and the reason and outcome of administration had been recorded on some occasions; care plans were not in place. The regular administration of “when required” diazepam was evidenced for two patients in Unit C; this should be referred to the prescriber for review.

Care plans for the management of pain and pain assessment tools were evidenced in the dementia unit. Similar systems were not in use in Units B and C. The registered nurses were knowledgeable regarding pain being a possible cause of distressed reactions and how different patients expressed their pain but this was not recorded in care plans and pain assessment tools were not being used with patients who could not verbalise their pain.

Areas for Improvement

The registered manager must review and revise the management of nutrition and medicines via the enteral route. A requirement was restated.

The registered person must ensure that all patients have a continuous supply of their prescribed medicines. A requirement was made.

The timing of the night-time medication round should be reviewed for those patients who are asleep during the night-time medication round and/or the prescribers should be contacted to ascertain if the medicines can be administered at an earlier medicine round. The registered person must ensure that medicines are not routinely omitted because patients are asleep. A requirement was made.

The registered person must ensure that accurate records for the administration of thickening agents and emollient preparations by care staff are maintained. A requirement was made.

The registered person must ensure that all registered nurses have received training and competency assessment on the management of medicines. A requirement was made.

The registered person must ensure that care staff receive training and competency assessment on the administration of thickening agents and external preparations.
A requirement was made.

The registered person should ensure that registered nurses highlight any potential out of stock medicines to the acting manager each day. A recommendation was made.

The registered person should ensure that a comprehensive medicines management audit tool is developed and carried out by the management team at specified intervals.
A recommendation was made.

The registered person should review the management of medicines which are prescribed to be administered “when required” for the management of distressed reactions. The parameters for administration should be accurately recorded on the personal medication records and medication administration records. Care plans should be in place. The reason and outcome of administration should be recorded on all occasions. The prescriber should be requested to review patients where these medicines are needed regularly. A recommendation was made.

The registered person should review the management of pain in those patients who cannot verbalise their pain. Appropriate care plans detailing how the patients express their pain and pain assessment tools should be in place. A recommendation was made.

The acting manager agreed to ensure that obsolete warfarin facsimiles are cancelled and archived in all units.

The acting manager agreed to review the current systems for ordering, collecting and checking all prescriptions to ensure that all patients have a continuous supply of their prescribed medicines.

The acting manager agreed to confirm with RQIA via e mail each Monday afternoon until further notice that all medicines had been available for administration in the preceding week.

Some discrepancies in the personal medication records and medication administration records were discussed with the registered nurses in each unit and with the acting manager for corrective action.

The acting manager advised that all registered nurses would be requested to confirm that they have read and understood the revised medicine management policies and procedures.

The benefit of having a training matrix in place was discussed; the acting manager had started to organise training during the inspection.

The management of medication related incidents was discussed.

Number of Requirements:	**6**	**Number of Recommendations**:	**4**

5.4 Additional Areas Examined

Storage was observed to be tidy and organised. The acting manager and staff were commended for their ongoing efforts.

Satisfactory recordings were observed for the medicines refrigerator and treatment room temperatures.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sharon Meenagh, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to **pharmacists@rqia.org.uk** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be Completed by:** 14 September 2015	The registered manager must review and revise the management of nutrition and medicines via the enteral route.
	Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has reviewed the Management of Nutrition and Medicines via the Enteral Route and Training is ongoing. Improvements include Staff Nurses going to Enteral Management of Medications and Nutrition training and liaising with GPs and Pharmacy to ensure that correct procedure is being followed by Registered Nurses when administering medications via the Enteral Route. This includes ensuring medications are in appropriate liquid and dispersible forms, and that there is a total intake recorded over 24hrs to ensure each resident receives the appropriate amount of nutrition and hydration. We are in the process of devising a competency specific to Enteral Management of Medications and Nutrition for all Registered Nurses.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** 14 September 2015	The registered person must ensure that all patients have a continuous supply of their prescribed medicines.
	Response by Registered Person(s) Detailing the Actions Taken: All Patients have had a continuous supply of their prescribed medications since the date of inspection. Action taken to ensure all patients have a continuous supply of their prescribed medication include:Monthly prescriptions requested earlier by OLH to GP surgeries; OLH Trained nurse collects scripts from surgery on date requested; Checks prescriptions are complete; close liaison with Boots Pharmacy; account set up with local Texi firm to ensure staff have transport to collect any prescriptions as needed.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** 14 September 2015	The registered person must ensure that medicines are not routinely omitted because patients are asleep.
	Response by Registered Person(s) Detailing the Actions Taken: Registered Nurses are aware of the need to liaise with GPs to change medicine administration times if necessar, to ensure patient receives all prescribed medications.
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** 14 September 2015	The registered person must ensure that accurate records for the administration of thickening agents and emollient preparations are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: Staff have been taught the importance of keeping accurate records for the administration of thickening agents and emollient preparations. Audits are carried out by registered nurses daily, every 24 hours.

Requirement 5 **Ref:** Regulation 13(4)	The registered person must ensure that all registered nurses have received training and competency assessment on the management of medicines.
Stated: First time **To be Completed by:** 14 November 2015	**Response by Registered Person(s) Detailing the Actions Taken:** All nurses will receive training on the management of medicines and then receive a competency assessment. All competency assessments should be completed by 30th October 2015.
Requirement 6 **Ref:** Regulation 13(4)	The registered person must ensure that care staff receive training and competency assessment on the administration of thickening agents and external preparations.
Stated: First time **To be Completed by:** 14 November 2015	**Response by Registered Person(s) Detailing the Actions Taken:** Care staff are receiving training and competency assessments on the administration of thickening agents and external preparations. We are currently devising a competency for administering thickening agents and external preparations for the Care Assistants, which will be assessed by the Nursing Sisters.
Recommendations	
Recommendation 1 **Ref:** Standard 28	The registered person should ensure that registered nurses highlight any potential out of stock medicines to the acting manager each day for immediate resolution.
Stated: First time **To be Completed by:** 14 September 2015	**Response by Registered Person(s) Detailing the Actions Taken:** Registered nurses sign at the end of each shift if all medication has been available as prescribed. This highlights to the Acting Manager potential out of stock medications.
Recommendation 2 **Ref:** Standard 28	The registered person should ensure that a comprehensive medicines management audit tool is developed and carried out by the management team at specified intervals.
Stated: First time **To be Completed by:** 14 September 2015	**Response by Registered Person(s) Detailing the Actions Taken:** A comprehensive audit tool for medicines management by Boots is used by the management team monthly.
Recommendation 3 **Ref:** Standard 18	The registered person should review the management of medicines which are prescribed to be administered “when required” for the management of distressed reactions as detailed in the report.
Stated: First time **To be Completed by:** 14 September 2015	**Response by Registered Person(s) Detailing the Actions Taken:** "When required" medication for the management of distressed reactions was assessed as being "good practice" and is therefore being followed throughout the other Units.

Recommendation 4 **Ref:** Standard 4 **Stated:** First time **To be Completed by:** 14 September 2015	The registered person should review the management of pain for those patients who cannot verbalise their pain as detailed in the report.
	Response by Registered Person(s) Detailing the Actions Taken: Abbey Pain Scale is used to review the management of Pain for those who cannot verbalise their pain.

Registered Manager Completing QIP	Sharon Meenagh	**Date Completed**	7/10/15
Registered Person Approving QIP	Paul Shevlin	**Date Approved**	7/10/15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	8/10/2015

Please ensure the QIP is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address